EXHIBIT F

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May 18, 2015

New York City Transit Authority
Medical Services Division
Medical Correspondence Unit
180 Livingston Street, #412
Brooklyn, NY 11201

PAS + [redacted]

RE: BRIAN THRANE

The following are the results of the neurological consultation performed on Mr. Brian Thrane in my office on May 18, 2015 at your request and authorization.

The worker is a 60 year old, left handed male bus operator referred for evaluation of a possible "TIA" that occurred a month ago. At the time, Mr. Thrane was experiencing some recurrent nonradiating cervical and lumbar pain and, as a result, he visited the emergency room at John Mather Hospital ER in Long Island. He was admitted for a day and improved clinically. He was advised that his vitamin D and B12 levels were low. In the hospital records, however, there is an indication that Mr. Thrane also complained of right leg weakness. In view of this, at the time of the admission, the possibility of a transient ischemic episode was considered and resulted in an extensive neurological workup. A carotid sonogram was unremarkable as was a cranial MRA. An MRI revealed mild microvascular changes and a 6 mm meningioma in the left posterior frontal area. A 48 hour EEG report was difficult to decipher due to poor copying but, in the records, it indicates that there was mild to moderate "diffuse disturbance of cortical activity" but no epileptic phenomena. A cranial CT scan also revealed the previously mentioned meningioma and some microvascular disease. The worker indicated that his back and cervical pain improved rapidly and he denied any clear pain radiation. He did accidentally fall in 2008 with some cervical pain that radiated to the right hand associated with paresthesias of the fingers. At that time, he was also told that he had a herniated disc at C6-7. He claims to be neurologically asymptomatic at this time and denied having advised the hospital physicians that he was dizzy or had any right leg weakness. The neurological review of systems only revealed cervical pain. Past history: gallbladder surgery at age 24 but no other significant illnesses. The worker does not take any medications regularly. He does receive lumbar and cervical epidural injections periodically for pain. He does not smoke or drink and his family history was noncontributory.

NEUROLOGICAL EXAMINATION: The mental status was completely normal and there was no evidence of aphasia. The cranial nerve exam was unremarkable. Power and gait were satisfactory but there was decreased right foot tapping. Heel to knee and finger to nose tests were well performed. The Romberg test was negative. The DTRs were active and equal and there were no Babinski signs. The sensory examination was completely normal. There were no unusual mechanical signs noted and no bruits were heard.

Received
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RE: BRIAN THRANE

IMPRESSION: At this time, in view of the negative studies, the normal neurological examination (except for the decreased right foot tapping), and denial by the patient of prior right leg weakness, there would be no neurological contraindication to his returning to his usual job description. However, the possibility that an episode of left cerebral ischemia occurred cannot be completely excluded.

Sincerely,

Arthur H. Weiss, M.D.
AHW:dw

May 19, 2015

ADDENDUM: I received additional records relative to the worker's hospital admission and these indicate that Mr. Thrane had two brief episodes of left cerebral dysfunction that appear to have been transient ischemia attacks. This does not change the impression outlined above.

Sincerely,

Arthur H. Weiss, M.D.
AHW:dw

ARTHUR H. WEISS, M.D., P.C.
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June 8, 2015

New York City Transit Authority
Medical Services Division
Medical Correspondence Unit
180 Livingston Street, #412
Brooklyn, NY 11201

Re: SS# [redacted]
RE: BRIAN THRANE

ADDENDUM: Review of the MTA medical standards for the nervous system recently received by me indicates that a transient ischemic attack (even without HTN) is not acceptable for a bus operator. The records from the hospital state that this occurred on two occasions at about the time of admission to the hospital and I have enclosed copies of these reports. Although the worker vehemently denies the symptoms, the information is indicated several times in the records.

In view of this information and review of the relevant MTA medical standards, the worker is unfit to continue in the position of bus operator.

Sincerely,

Arthur H Weiss, M.D.
AHW:dw